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## R. RAYMOND GREEN, M.D. 45 SOUTH MAIN HEBER OTY, UT 84032 654-1822 HOURS: 10-12 A.M. & 2-5 P.M.

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Label

Refill times PRN

N.B.

Substitution Permitted

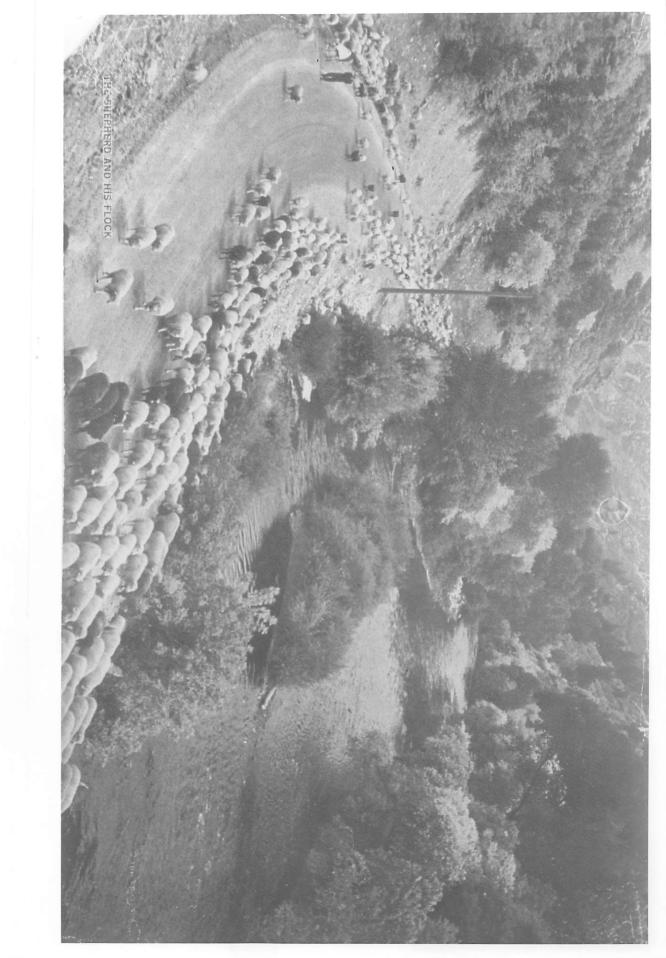
M.D.

Dispense as Written

M.D.

08/20/90

01-K10580935



Name	Address	City/State/Zip	S. Phone ( )	COLOR MATERIAL ENCLOSED:	(Check appropriate boxes)	ατν	ps 35 mm 110 film Other QTY.	I want:	SIZE QTY. FROM NEGISLIDE	##		LIDES       #	BLACK & WHITE MATERIAL ENCLOSED:	QTY   35 mm   Other	I want:	SIZE QTY. FROM NEGATIVE #	TE PRINTS	NTS	COECIAL INSTRICTIONS:
USE THIS	ENVELOPE TO ORDER	Caution: handle negatives	by edges only. Do not cut film strips.	00		Slide	Neg. Strips			COLOR PRINTS	ENLARGEMENTS	DUPLICATE SLIDES	BLACK	Neg.			BLACK & WHITE PRINTS	ENLARGEMENTS	OTOM INIONO

(Use this area to indicate finish desired, special services, oversite prints.) NOTE: This envelope is not intended for permanent storage of negatives or slides.